

Broad determinant: Access to Care

1. Health Insurance

Result: All Stanislaus County residents have access to affordable health insurance

Recommendations/Best practices	Resources	Spectrum of Prevention level					
		Strengthen Individual knowledge	Promote Community Education	Educate providers	Foster Coalitions & networks	Change Organiztn Practices	Influence Policy
<i>Community-Based Initiatives to Improve Access and coverage for the uninsured and underinsured</i>							
Health Plan for Uninsured- Community voices series of meetings with Key stakeholders-led to Community Board and plan development. Focus transportation, location, fee structure for MD's. Partnering with Medicaid plan and medical society support. Marketing is critical.							X
Follow the money (look at money are allocated) at all levels; move toward real location.							X
Expand the convention to include more people, for example, the Farm Bureau or the Chamber of Commerce *							
Policy change in program eligibility; Increase scope of eligibility of Healthy Families.							
Increase enrollment of people who are eligible for health coverage.							
Have a large county-wide campaign to enroll those who are eligible.							
Use mobile units to enroll those with no insurance or have no transportation. Can also go to sites with existing eligible people (e.g. seniors).							
Mobile unit, increase screening and care*							
Increase the number and type of free services.							
Pool dollars already being paid into coverage to cover others or make health insurance more affordable.							
Intervention: Reimbursement rates need re-working. Partnership between carriers and providers needs to be reviewed.							

Learn "next steps" Coordination among plans Focus on routine/preventive care ongoing (at least quarterly)							
Educate adults, but focus on community system navigators							
Education on how to navigate systems, especially insurance.							
Educate potential Health Care partners- i.e. Churches; Rotary Clubs & other less traditional venues							
Educate providers that provide services to target group.							
Increase provider knowledge of local services							
Increase knowledge/expand emergency Medi-Cal							
Network of county ER's to actively support community clinics that serve residents experiencing homelessness							
Provide cult. comp. and develop feedback loop							
Streamline/simplify technical stuff							
Primary care linkages to community and other supports (especially parolees)							
Collaborate with more health insurance providers							X
Explore other options (Healthy Kids- Fresno)							
Provide insurance information through school sites *							
Sharing info b/t providers							
Transportation Alternatives- No cost/to reduced cost for family and seniors							X
To reach one- on –one Individuals/Homeless None to be done by community groups							
CBO's (Ceres) offering transportation; Families with support network. Walk-Ins-Outreach, task force/collaboration-connections with other agencies							
Health Care & Preparing /connecting families							
Preventive screening for care							
Qualifications low cash pay visits (\$30-40)							
working residents (no insurance) miss work.etc							
Priorities= Health Care Access							
Health related capacity with FRC's support							

Meeting people's basic needs							
Reach people to link to services							
Community based organizations involvement							
Teaching community to be self sufficient empowering individuals *							
Increase scope of eligibility for Health Families							X
Define what's affordable insurance Health Care options: Healthy families, Medi-Cal							
Better outreach/marketing of existing Health Care options (e.g. Healthy Families, MCL) - Marketing/Education							
Resource Linkages							
Re organizing the way Health Care facilities operate							
Policy change in program eligibility							
Increase overall preventions efforts							
Educate potential Health Care partners- i.e. Churches; Rotary Clubs & other less traditional venues							
Work directly with the undocumented to demystify application process: re: threats of residency status, INS trouble							
Make free lunch questionnaire include summary of other needs: i.e. "Do you have health insurance"							
Mobile units to enroll those with no insurance – who have no transportation – or at sites with existing eligible people (e.g. seniors)*							X
Increase number of people who can enroll into health insurance programs							
Have large county-wide campaign to enroll potential eligibles							
Improved collaboration between the FRC's, CSA and other existing entities when identifying and enrolling children in Medi-Cal and Healthy Families*							X
Utilizing churches as a resource							
Utilizing community centers as a resource							
Be involved in the policies regarding who is eligible							
Expanding enrollment to MIA	MCH access (in LA look to them as a resource/example						

No Med-Cal/Reform*							X
Physician provided “free service” 5%							
Change of community mind set health care payment priority							
Medical resource “clearing house” information person							
Simplify (KISS) (keep it simply stupid)							
Provided transportation							
Provide emergency MediCal; include dental and vision							
Prenatal doctors need to provide better screening practice –							
Educate providers that provide services to target group.							
Small businesses difficult to offer insurance							
Healthy families for adults (type of insurance)							
Health plan funded by business partner with hospitals*							
Screen at preschool for dental health							
Develop a health plan for “working Poor” for Stanislaus County (funded by business partners ew/ hospital)	business partners, hospital						
Incentive for doctors to accept Med-Cal and Dental Cal							
Mobile unit, increase screening and care*							
Increase provider knowledge of local services							
Increase knowledge/expand emergency Medi-Cal							

Address Physician Shortage							
Medical academy for aspiring grassroots/professional							X
a) Homegrown folk with mentorship component							
c) foster/support nontraditional community healers							
Increase # school nurses							X
Incentives for physician & other Health care workers in shortage to come work in communities like Stanislaus County							
Increase incentives for doctors who accept MediCal to stay here in Stanislaus County							X

2. Coordination and expansion of services

Result: All Stanislaus County residents have the ability to quickly and efficiently obtain appropriate quality services from health care providers

Recommendations/Best practices	Resources	Spectrum of Prevention level					
<i>Coordination of Services</i>		Strengthen Individual knowledge	Promote Community Education	Educate providers	Foster Coalitions & networks	Change Organiztn Practices	Influence Policy
a) Pharmacy- County programs offer free meds to those that qualify. *							
b) Best practice – chronic care model in King’s County, WA. (including group visits with providers) interaction between individual receiving care and providers/someone being successful.							
c) Explore option of universal health care (blow-up old paradigm of insurance coverage).							
a) Prevention not a priority Deprivation needs – services ; Meet peoples basic needs; food; housing							
b) Outreach Programs (being done)							
c) Different social sectors different needs							
d) family resource centers/churches							
e) Child care issues							
f) Dr.’s consulting at FRC							
g) Consulting nurse at CPHC- children (undocumented low-income families)							
h) Preventive screening at church- Ethics=treatment							
i) Policy/legis lation							
k) Lowering aging 211 resources							
Reorganize emergency rooms to facilitate patient care in the ER							
Decrease obstacles to linking community member with information on getting insurance; Shouldn’t have to go from one person to another							
Policy Change allow Healthy families insured to be eligible for VFC stock							
Ongoing networking							
Increase networking opportunities							
Increase access to Mental Health Prevention and Early Intervention	BHRS-MHSA						

Consumer Education and Empowerment for children, adolescents, adults and seniors							
Basic needs- seniors having problems and are silent-local faith organizations are working on this.							
Longer you can delay adolescent use of alcohol-the better.							
Empowering individuals							
In hospital, (Newborn) link uninsured to FRC's							
Raise Incomes							
Parent involvement at high risk age							
Organize volunteers							
Teach soft skills to parents and children							
Every child has vocational career tech education classes in high school							